Enclosure 3A
Emergency Medical Technician – Instructor Re-Authorization Application

Instructor's Name: _____

Mailing Address: _____

City / State / Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail : _____

Section One: Attached is a copy of all the following required documents:

❖ A copy of my current CPR instructor credential *(Must be one of the following):*
  ➢ AHA: Healthcare Provider
  ➢ ARC: Professional Rescuer
  ➢ ASHI: CPR Pro
❖ A copy of my current SC EMT Paramedic Certification
❖ A copy of my current NR EMT Paramedic Credential
❖ Documentation of 12 contact hours of SC DHEC-approved Instructor Methodology Classes during your last authorization period
❖ Documentation of teaching a minimum of one hundred (100) hours of an EMT course. *(Attach a copy (copies) of the course approval letter(s) which list you as the course instructor)* during you current authorization period

Please Note: "Current" means that the expiration of these credentials ***exceeds*** your current SC EMT instructor expiration date.

Section Two: EMT Program Coordinator Endorsement

I endorse this individual to be re-certified as an EMT Instructor. In doing so, I agree to use this individual as an EMT instructor in my training institution's EMT program and will require this individual to teach a minimum of one full initial EMT course or a minimum of two EMT refresher course during this next authorization period.

EMT Program Coordinator's Signature: _____